



The Fair Housing Act prohibits discrimination in housing transactions with respect to race, color, religion, sex, disability, familial status, sexual orientation, or national origin.

Dear Applicant,

Thank you for your interest in the Delilah Road Apartments, which are provided by CARING Senior Housing II. To qualify for an apartment the head of household, spouse, or sole member must be at least 62 years of age or more at the time of initial occupancy. In addition, the yearly income of a single applicant or that of a couple must meet the United States Department of Housing and Urban Development very low-income standard (\$29,050 for a household of one and \$33,200 for a household of two).

Applicants with a disability (minimum age must be 62) will be given a preference for a unit at the Delilah Road Apartments.

To claim a preference for a disability, verification must be included with the application. Documentation of disability must confirm only the existence of a disability and not the nature or extent of the disability. Verification of disability may be provided by form or a letter from a physician, psychologist, or other licensed health care professional.

Applicants will be selected from the waiting list in chronological order to fill vacancies. Copies of the Tenant Selection Plan and the Affirmative Fair Housing Marketing Plan are available upon request.

609-485-0424*TTY/TTD use NJ Relay 711*fmeineke@caringinc.org





Delilah Road Apartments/CARING Senior Housing II

HUD SECTION 202 APPLICATION
(Please Print)

Name of Applicant _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number: (_____) _____

Marital Status _____ Social Security Number _____

Do you own a vehicle? Yes ___ No ___

Make/Model/Year _____

License Plate Number _____

HOUSEHOLD COMPOSITION: List all persons who will be living in the unit other than the applicant, who is considered the Head of Household.

Full Name _____

Relationship _____ Date of Birth _____

Social Security Number _____ Gender _____

Do you own a pet? Yes ___ No ___

If yes: Type of pet _____ (25-pound adult weight limit)

Race of Head of Household: (For HUD statistical purposes only)

White ___ Black/African American ___ Asian ___ American Indian/Alaska Native ___

Native Hawaiian/Pacific Islander ___

Ethnicity of Head of Household: (For HUD statistical purposes only)

Hispanic or Latino ___ Not-Hispanic or Latino ___

Have you ever been convicted of a crime? Yes ___ No ___ If yes, please explain:

Are you or any member of your household subject to lifetime sex offender registration in any state?

Yes ___ No ___

Have you ever committed any fraud in a Federal Assistance Housing Program and been required to make restitution for misrepresentation of information? Yes ___ No ___

If yes: Please explain _____

Reason for desired move from current residence _____

Housing Status for Current Renters only: (List all addresses for the past 7 years)

Current Address _____

Landlord _____

Telephone Number (____) _____ Number of years resided _____

Previous Address _____

Property owner _____

Telephone Number (____) _____ Number of years resided _____

Please list all the states you and all the members of your household have resided:

Housing Status:

Do you own your own home? Yes ___ No ___ Assessed Value of Home \$ _____

Number of years resided in your home ___ Previous address if less than 7 years _____

Are there any special accommodations you or another family member require in the unit?

Are you currently an illegal abuser of a controlled substance, or have you ever been convicted of a drug-related crime? Yes ___ No ___

Name of someone who can be called if you cannot be contacted: _____

Relationship _____ Telephone Number (____) _____

How did you hear about CARING's Delilah Road Apartments? _____

EMPLOYMENT HISTORY

Are you currently employed? Yes ___ No ___ Full time ___ Part-time or Seasonal ___

Yearly Income \$ _____

If yes: Name and address of employer _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. Do you or any member of your household:

1. Work for someone who pays in cash? Yes ___ No ___

2. Now receive or expect to receive unemployment benefits? Yes ___ No ___

3. Now receive or expect to receive alimony? Yes ___ No ___
5. Now receive or expect to receive public assistance (Welfare)? Yes ___ No ___
6. Now receive or expect to receive income from a Pension or Annuity? Yes ___ No ___
7. Now receive or expect to receive Social Security Benefits? Yes ___ No ___
8. Now receive or expect to receive regular contributions from organizations? Yes ___ No ___
9. Now receive or expect to receive contributions from individuals not living in the unit? Yes ___ No ___
10. Now receive or expect to receive an earned income tax credit? Yes ___ No ___
11. Receive income from assets (check/savings accts, CD's, stocks, bonds, mutual funds)? Yes ___ No ___
12. Receive income from rental property? Yes ___ No ___
13. Own real estate or any assets for which you receive no income? Yes ___ No ___
14. Have you sold or given away any assets (including cash) for less than fair market value in the past two (2) years? Yes ___ No ___

List Gross Monthly Income:

Head of Household:

Spouse, Co-Head, or Other Household Member:

Social Security \$ _____
 SSI \$ _____
 Pension \$ _____
 Pension \$ _____
 Alimony \$ _____
 Employment (wages) \$ _____
 Other \$ _____

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Assets:

Checking Accounts:

Bank _____ Account No. _____ Current Balance \$ _____
 Bank _____ Account No. _____ Current Balance \$ _____

Savings Accounts:

Bank _____ Account No. _____ Average Balance \$ _____
 Bank _____ Account No. _____ Average Balance \$ _____

Certificates of Deposit:

Bank _____ Certificate No. _____ Average Balance \$ _____
 Bank _____ Certificate No. _____ Average Balance \$ _____

Credit Union Shares:

Credit Union Name _____ Balance \$ _____

Stocks/Bonds:

List: _____ Value \$ _____
 List: _____ Value \$ _____

Additional Assets: _____

TO ESTABLISH ELIGIBILITY ACCORDING TO HUD REGULATIONS, PLEASE CHECK TO SEE THAT YOU HAVE COMPLETED ALL INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Non-Discrimination Notice: CARING does not discriminate on the basis of disability status in admission to or employment in its Federally Assisted Programs or Activities. CARING does not discriminate on the basis of race, age, color, national origin, religion, ancestry, gender, disability, sexual orientation, or familial status in the admission or access to its Federally Assisted Programs.

APPLICANT CERTIFICATION:

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information that may be released to appropriate Federal, State, or Local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we also understand that all changes in the income of any member of the household must be reported to the Occupancy Services Office in writing immediately.

SIGNATURES:

Head of Household _____ Date _____

Co-Head, Spouse, or other household member _____ Date _____

If any or all of this application was completed by anyone other than the applicant(s), the following statement must be signed: I/we have completed all or part of this application at the direction of the applicant(s).

Signature _____ Date _____

Title 18 Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

NOTE: The Delilah Road Apartments is a smoke-free building.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Verification of Disability

U.S. Department of Housing and Urban Development

Office of Housing, Federal Housing Commissioner

OMB Approval No. 2502-0204 (Exp. 06/30/2017) APPENDIX 6-B form HUD-90102 (12/2007) ref. HB 4350.3 Rev. 1

VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

DATE: _____

TO: (Name of medical professional) _____

PLEASE RETURN THIS VERIFICATION TO:

Fred Meineke, CSW
CARING Residential Services-II
P.O. Box 964
Pleasantville, NJ 08232
fmeineke@caringinc.org
Telephone: 609-485-0424/Fax: 609-241-0199

SUBJECT: Verification of Disability

NAME: (Of rental applicant) _____

DATE OF BIRTH: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

Your assistance is requested in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

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INFORMATION BEING REQUESTED (For completion by medical professional)

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. ___YES ___NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

2. ___YES ___NO **Is a person with a developmental disability**, as defined in Section 102(7) of the Developmental Disabilities assistance and Bill of Rights Act (42 U.S.C. 6001 (8)), i.e., a person with a severe chronic disability that:
 - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,

- (4) Mobility,
- (5) Self-direction,
- (6) Capacity for independent living, and
- (7) Economic self-sufficiency; and

e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. YES NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. YES NO Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON

FIRM/ORGANIZATION SUPPLYING THE INFORMATION

SIGNATURE

DATE

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Public reporting burden for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).
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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: *(Of rental applicant)*_____

Date:_____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7)